FORM **BCA 13.15** (rev. Dec. 2003)

APPLICATION FOR AUTHORITY TO TRANSACT BUSINESS IN ILLINOIS

Business Corporation Act

Jesse White, Secretary of State Department of Business Services Springfield, IL 62756 Telephone (217) 782-1834 www.cyberdriveillinois.com

Remit payment in the form of a cashier's check, certified check, money order or an Illinois attorney's or CPA's check payable to the Secretary of State.

File#

copy		
505	Filing	-

		Penalty/Interest \$					
Submit in o	duplicate ————T	ype or Print clearly in black ink-	—Do not write above the	is line			
(a) CORPORATE I	NAME	Payphones, Inc.					
(Complete item 1 (b)	(Complete item 1 (b) only if the corporate name is not available in this state.)						
(b) ASSUMED CO	RPORATE NAME:						
(By electing this	s assumed name, the	e corporation hereby agrees NOT	to use its corporate	name in the			
transaction of b	usiness in Illinois. Fo	orm BCA 4.15 is attached.)					
State or Country of Incorporation	elaware ;	Date of Incorporation 11/8/2002	Period of; DurationP	Perpetual			
(a) Address of the	principal office, where	rever located: (b) Address (of principal office in	Illinois:			
1490 Westfo	1490 Westfork Drive (if none, so state)						
Suite G		NONE					
Lithia Spri	ngs, GA 3012	<u> </u>					
Name and address o	f the registered ager	nt and registered office in Illinois.					
Registered Agent: National Registered		Registered Agents, 1	Inc.				
Registered Agent	First Name	Middle Initia	i i	Last name			
Registered Office:	Number	Street		Suite # (A P.O. Box alone is not acceptable.)			
	Chicago	60606		COOK			
	City	ZIP Code		County			
States and countries	in which it is admitte	d or qualified to transact business	s: (Include state of i	ncorporation)			
See Attached							
Name and addresses	s of officers and direc	ctors: (If more than 3 directors and	d/or additional office	ers, attach list.)			
Name	No. & Street	City		State ZIF			
President Guy A.	Longobardo	1490 Westfork Dr.	Suite G Lit	hia Springs			
Director C 3	Longobardo 1	190 Westfork Dr. Su 1490 Westfork Dr. Su	ite G Lithi	a Springs on			
Director Michael	McClellan 1	1490 Westfork Dr. St	ite G Lithi	a Springs, (
Director CER	ATTACHED LIS	200					

7. The purpose or purposes for which it was organized which it proposes to pursue in the transaction of business in this state: (If not sufficient space to cover this point, add one or more sheets of this size)

Independent Payphone Provider Installation and maintainance of pay telephones

8.	Authorized and issued shad Series Class Series COMMON	Par Value \$.0001	Number of S Authorize 6 , 000 , 00	∍d	Number of Shares Issued 5 , 000 , 000		
	СОМНОМ	7.0001					
		(If r	more, attach list)				
9.		432,656 the terms Stated Capit	al & Paid-in Surplus	and is equal to	o the total of these accounts.)		
10.	 (a) Give an estimate of the total value of all the property* of the corporation for the following year: (b) Give an estimate of the total value of all the property* of the corporation for the following year that will be located in Illinois: (c) State the estimated total business of the corporation to be transacted by it everywhere for the following year: 			\$_8,43 ⁴	4,284		
				\$ 1,050			
				\$_20,000,000			
	(d) State the estimated a transacted by it at or illinois:	orporation to be	\$_6,30	0			
11.	Interrogatories: (Important - this section must be completed.)						
	(a) Is the corporation tran (b) If the answer to item				o transact business in Illinois:		
12.	This application is accompanied by a certified copy of the articles of incorporation, as amended, duly authenticated, within the last ninety (90) days, by the proper officer of the state or country wherein the corporation is incorporated.						
13.	The undersigned corporate penalties of perjury, that to	ion has caused this app he facts stated herein a	lication to be signed re true. (All signatur	by a duly auth es must be in	norized officer, who affirms, under BLACK INK.)		
	Dated April 2	4,2005	E1		ones, Inc.		
	(Any Authorized	Officer's Signature)	 CFO	(Exact N	lame of Corporation)		
		me and Title)					

* PROPERTY as used in this application shall apply to all property of the corporation, real, personal, tangible, intangible, or mixed without qualifications.

Note 1: Payment in connection with this application must be in the form of a certified check, cashier's check, Illinois attorney or CPA's check or money order made payable to the "Secretary of State". The minimum fee due upon qualification is \$175. Any additional fees will be billed and must be paid before this application can be filed.

ETS PAYPHONES, INC

Additional Officers and Directors

Treasurer / CFO Michael H. McClellan

1490 Westfork Drive

Suite G

Lithia Springs, GA 30122

Director Michael M. Scott

9596 Escondido Drive

Willis, TX 77378

Director Michael H. Buck

23 Camp Sapphire Road

Brevard, NC 28712

Director S. Gregory Hays

3343 Peachtree Road NE

East Tower, Suite 750

Atlanta, GA 30326

ETS PAYPHONES, INC

(5) States and countries in which it is admitted or qualified to transact business

Alabama

Arizona

Arkansas

Colorado

Connecticut

Delaware

District of Columbia

Georgia

Indiana

Kansas

Kentucky

Louisiana

Maryland

Massachusetts

Mississippi

Missouri

Nebraska

New Hampshire

New Jersey

New Mexico

New York

North Carolina

Ohio

Oklahoma

Pennsylvania

Puerto Rico

South Carolina

Tennessee

Texas

Virginia

West Virginia

Wyoming

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ETS PAYPHONES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF APRIL, A.D. 2005.



Darriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3804408

DATE: 04-12-05

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Bank of America 🥠

Drawee : Bank of America, N.A. Bank : San Antonio, Texas

Cashier's Check No.

No. 03743491

04-28-2005

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175.00

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SECRETARY OF STATE-11.1.1NOIS

ETS PAY PHONES

DEPARTMENT OF BUSINESS SERVICES

City, State

#03200448400 #bt0000444# #tb46460#

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